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Bachelor's Thesis

RISK FACTORS FOR POOR MENTAL HEALTH AMONG INDIAN WOMEN A SYSTEMATIC LITERATURE REVIEW

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Degree Programme in Nursing
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EVALUATION OF THE BACHELOR`S THESIS

Author: Kristiina Korjonen
Specialization line: Degree Programme in Nursing

Evaluation	**E5**	**G4**	**G3**	**S2**	**S1**	**Grounds:**
Content	x					Valid and admissible. The structure should need some editing to become more explicit. Thesis is dealing with an important health problem: woman's mental health in a developing country.
Method	x					Following the approach of systematic literature review comprehensively does the research method of the thesis.
Process	x					The author has shown flexibility and capability for independent systematic work. In addition author has shown her capability to work following the given supervision.
Report		x				Thesis is well written by using good language and the given guidelines have mostly been followed. The report is still in need of some editing although major improvement during the research process is obvious.
Practical significance		x				Thesis is dealing with a very interesting, but rather limited topic and could be the topic of further research endeavors. Nurses working in developing countries would probably find this thesis most interesting.

Summary: Research results do add information to woman's health question in a developing country, which are in crucial position in order to improve the situation of families and especially children living in poverty. In spite of the minor limitations this study shows also author's capability and competence for structured written performance full filling the main criteria of very good Ba-theses.

Grade 5

Date: 22.1 2010

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Heikki Ellilä

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ABSTRACT

Degree Programme in Nursing	
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Title: Risk Factors for Poor Mental Health among Indian Women	
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Mental health problems among women in third world countries have not received as much as attention as they deserve. This bachelor thesis discusses about Indian women, their place in the society and also the challenges which hinder the mental health care in India. Method of this bachelor's thesis was systemic literature review, and it aimed to find out the factors which affect negatively to the mental health of Indian women.

The search process for research articles found eight studies which were able to answer the research question adequately. As a result, five main factors decreasing the mental well-being were discovered. Those factors included: gender disadvantage; financial difficulties; experiencing violence; having problems within the family and lack of social support; and alcohol abuse of the husband.

The outcome of the research showed that the factors mentioned were often connected to each other; e.g. alcohol abuse of the husband can lead a poor family in even deeper financial difficulty and both alcoholism and poverty increase the risk of domestic violence. In order to suggest topics for further research, it would be beneficial to repeat this literature review by focusing on the Indian men. By doing that, a more in-depth idea of the reasons of poor mental health in India could be revealed.

Keywords: India, mental health, women, gender disadvantage, poverty

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1. INTRODUCTION

1.1. Background

The idea for this bachelor's thesis was born out of interest towards the impacts of poverty to the mental health of women. Soon the topic specified into India, and the problems of mental health which are experienced by the local women. Though both men and women encounter the same stressors in life when living in a third world country, these stressors can be comprehended differently with respect to gender. This gives a reason to study the views of both genders separately. Since there is a great amount of inequality between men and women in India, this study focuses on finding out the reasons which cause mental health problems to women.

In this study, mental health problems are not understood only as presence of diagnosed mental disorders, but they are also viewed through the person's own perception of having poor mental health. This study is conducted with a method of systematic literature review and within this review are accepted articles concerning some specific mental disorders but also articles which discuss experiencing poor mental health in more general level.

To give more information about the setting of this study, the main features of India as a country are described, and the place of women in Indian society is also discussed. The main challenges of mental health care in the country, as well as the method of systemic literature review are explained too.

1.2. Aim of the study

Aim of this study is to find an answer to the following research question:

1. What are the factors affecting negatively the mental health of the Indian women?

In order to make this study reliable, it is aspired to include as many research articles from as many different locations of India as possible. With this literature review, the author hopes to gain information about the life of women in a third world country and reveal the reasons for their mental health problems.

2. INDIA, WOMEN AND MENTAL HEALTH

2.1. Facts about the country

This chapter is written to give an idea about the target country of the literature review. General information about the state, people, history and economics are briefly discussed and a map is added to give more precise information about the whereabouts of the country and different states within India.

Picture 1: Map of India (referred to: 29.4.2009).

Republic of India is a vast country with its over three million square meters and with a population of 1 186, 2 million people. The country consists from 25 states, and at least 11 different languages are spoken in India, Hindi and English being the most important ones. 80% of all Indians are Hindus by religion, second largest group are Muslims, then Christians followed by other minority religions (www.global.finland.fi, [referred to 29.4.2009]). The capital city is New Delhi and the head of the republic has been Manmohan Singh since the year 2004. (Säävälä & Tenhunen 2007, 7)

Before discussing any further about the current situation in India, a brief look on the history is in place. People have been living in Indian peninsula as early as 2600 before Christ, when the Indus culture dominated the area. That time was followed by many different eras, e.g. Maurya Empire, Gupta dynasty and Mogul Empire, but the period of time which is the most commonly remembered is the time between years 1750-1947, when the British Empire colonized India. The road to the independent republic as we know India to be now was long and difficult, though rather unconventional methods were used to achieve it; independence fighter Mohandas "Mahatma" Gandhi became famous at those times by guiding the people to use non-violent methods to overcome the British power. Independence was declared on 15. August 1947 and the first prime minister of India was Jawaharlal Nehru. When the British left the newly formed state, quite political turmoil was going on and it continued to happen for a long time. Religious violence, trouble with neighbouring countries, especially with Pakistan, as well as inequality between the castes created a lot to manage for the people in power. The solutions to the problems provided by the leaders, or lack of them, did not always gain support from the whole wide nation. Good example of this is that neither the first Prime Minister Nehru, nor her daughter Indira Gandhi or her son Rajiv Gandhi got to experience a natural death; all three of them were assassinated for political reasons during their prime minister seasons (Miettinen 1991, 19-54).

The three prime ministers mentioned above and their followers have done a lot work to create a modern India full of technology and economic growth, and International Monetary Fund and World Bank have been sharing loans and advices about how this

could be achieved. Nowadays India is full of international companies and goods to buy for the upper class who can afford them, but the poor majority hardly gets to benefit from them. (Tamminen & Zenger 1998, 252-255) Modern ways of life have also brought modern problems to the environment. Pollution of the air in big cities and contamination and lack of fresh water have been great problems. Some of the solutions provided to solve the water crisis have worsened the ecological situation even more. Dams have been built in large rivers in order to make gathering the water easier, however this has damaged the ecosystems in the rivers and also in the surrounding areas. In addition, these dam projects have forced some of the indigenous people, *adivasis,* to leave their dwelling places in the forests where they have lived by gathering food from the nature. In some cases the government has not given any compensation to the people who were forced to leave their homes. Climate change is also a threat, and its effect to the countryside can be devastating in the future. India is the sixth biggest producer of greenhouse gases in the world but it refuses from limitations because the amount of emissions per person in India is much less than it is in Western countries. (Säävälä & Tenhunen 2007, 220-224)

Despite the fact that the economy in India has been rising, it is still a country of great poverty; 41% of all the people spend less than 1,25$ per day (www.global.finland.fi, [referred to 29.4.2009]). The poverty is at its greatest in the rural areas, where there is no chance of earning a living throughout the year. This has lead to urbanization, which is increasing all the time. (Säävälä & Tenhunen 2007, 143-144) Despite the fact that big cities provide opportunities for better education, work, health care facilities and higher income, not all the people are able to have success there. Many people who wander away from their villages to get a better life in cities end up in slums, in which living is very difficult. By moving away from their home villages, these people face the breakdown of extended families. Lack of social support provided by the traditional networks is proven to increase the urban mental health problems. (Fernandes, Parkar & Weiss 2003, 292)

During difficult times, social bonds can help people to take care of each other, but in case the whole extended family is in financial trouble, not so many favours are asked for or done for each other. Poverty and hunger are humiliating for the person experiencing them, especially if there are other family members that need to be taken care of. Despite the fact that most people experience constant poverty as an awful thing, it is also considered to be honourable if someone decides to live in a simple manner without any excess material. This is actually even expected from widows and elderly people. (Säävälä & Tenhunen 2007, 145-146)

Poverty is also to some extend linked to the caste in which the person is born. Caste system is an old Indian custom by which people were divided into *brahman* (priest), *kshatria* (soldier), *vaisha* (salesman) *shudra* (worker) and *dalit* (outcaste), priests being the highest caste and outcastes the lowest. The castes defined what kind of work the people could do in the society and it also defined matters purity; priests did not do the things that were meant for salesmen or workers, nor could a worker hand a cup of tea to a soldier since it was then considered to be contaminated by the worker. (Säävälä & Tenhunen 2007, 43-46) Mahatma Gandhi fought vigorously to improve the position the lower castes held in the society and in 1950 the caste system was closed down (Miettinen 1991, 24). However the remains of the cast system still live in the modern Indian society, and its more deeply rooted in the rural areas than in the cities. Ideas of who can do which work and matters of purity are not so strict anymore, but people are still very aware about which caste they and their neighbours include. Inter-caste marriages are still rare, mostly happening between the middle casts in cities, where the caste awareness is more hidden than in the countryside. Usually the most highly educated Indians belong to higher castes. Schooling has come more common now all around the country, with no regard to the caste. (Säävälä & Tenhunen 2007, 46-48) 89% of all school aged children start school nowadays (www.global.finland.fi [referred to 29.4.2009]), despite this 27% of men and 52% of women are illiterate in India. (Saarinen & Uuksulainen 2006, 18)

2.2. Woman's place in Indian society

The purpose of this chapter is to give a more in-depth view to the life of Indian women and discuss about their social status in the society. The position of a woman in India is defined by her religion, caste, age, occupation, education, wealth and her role as daughter, wife and a mother. (Saarinen & Uuksulainen 2006, 8) Some of these factors are discussed below to give more aspect to the life of the women this literature review has focused on.

In Indian culture, sons are very much favoured over daughters. Son is the one who takes care of the parents when they get old and he is also likely to bring prosperity to the family through the education that it is invested in him. Daughters on the other hand, are in most cases raised to be future wives and mothers, and educating them is not seen that important as educating sons. They are also seen to take more money out of the family than bringing in, since getting married in India requires giving dowry to the family of the groom. Due to the non-beneficial effect that the daughters have to the family, sons are much more favoured and daughters not. Influence of this situation can be seen from the statistics, which indicate that from the beginning of the 20th century, the number of women has been decreasing compared to men. (Saarinen & Uuksulainen 2006, 6, 12)

The lack of women and girls has been explained by the higher mortality rate of small girls compared to boys. This may be a result of the boys getting better food or that the parents take their even mildly ill son to see a doctor whereas the health of the sister does not raise the parents' concern that much. It is also possible that some baby girls are killed soon after birth. (Sääväla & Tenhunen 2007, 132-133) Since the beginning of the 90's, the possibility to detect the sex of the baby already during the pregnancy can be seen as the reason why girls are now born less than boys. Testing baby's gender before birth was set illegal in year 1994, but since it is very difficult to control that people obey this legislation, selective abortions for the benefit of boys still continue to happen. When looking at the statistics from the year 2001, it can be seen that there was only about 933 women in relation to every 1000 men. (Saarinen & Uuksulainen 2006, 12-13)

It could be thought that position of women would improve when their number decreases; unfortunately quite opposite scenarios are drawn. The low number of women can in fact increase the chances of women turning into sales goods. In the future it is possible that buying and abducting women for wives is going to increase as well as buying services from prostitutes, which may lead to spreading of HIV. (Säävälä & Tenhunen 2007, 130)

As mentioned before, young girls at home are raised to be future wives and mothers. Getting married means a change in the woman's social status, since further on her is seen as potential mother and parturient for male children. Majority of all Indian women are married and finding a suitable husband from the same caste is a task for the whole family, especially for the parents. 90% of the Indian marriages are arranged by the parents, and in some cases the future bride and groom have never met each other before the wedding. Some more liberal families may allow the becoming couple to meet before the wedding. Although by legislation, only persons over 18 years of age can get married, the lack of good registration of marriages in India makes it still possible that people get married even in their adolescence. In some cases the marriage is decided by the parents when the girl is only 12 years old or so, but the girl still gets to stay with her parents until she is ready to move to the future husband's home. Getting married among cousins is not rare either, since it is thought that the dowry does not go outside of the family, and the cousins can already be close to each other and the girl is likely to know her future parents-in-law. (Saarinen & Uuksulainen 2006, 20-23)

Giving dowry when getting married is an old Indian custom, which was actually banned in year 1961, but it is still very common. Dowry can be seen as a part of the daughter's inheritance, which is then given to the husband's family. It depends much on the groom's family how much their new daughter-in-law gets to benefit from her "own" money later on. Giving dowry can also lead the bride's family in great financial difficulty, if they have to sell a lot of land or take a loan to pay it. (Säävälä & Tenhunen 2007; 55-56, Saarinen & Uuksulainen 2006, 23)

Dowry is also seen as an investment to the daughter's well-being in the family, since some in-laws tend to be cruel to the new wife if she comes to the house with only a small amount of money and presents. In some cases, the new brides with small dowries have "accidently" died soon after moving into their new homes. (Säävälä & Tenhunen 2007; 55-56, Saarinen & Uuksulainen 2006, 23)

Domestic - and sexual violence towards the wife is common in India. Reasons for this could be that it is somehow accepted between the lines (Sen 2007, 277-278). Women are seen as the property of men throughout their lives. First they belong to their fathers and then to their husbands. And since they are only property of the higher gender, they can be treated as men want. Situation is bad because women are raised to obey men and think of their husbands as gods whose wishes are their commands. Therefore many of them are psychologically set to believe that it is the right of the men to abuse women and there is not much that they can do about it. (Saarinen & Uuksulainen 2006, 8, 32-33) Besides being an obedient wife, women are also expected to fulfil their role as a mother. Being infertile and not delivering children, preferably boys, can be seen as failing in this duty. Also delivering many daughters and no sons can be seen as the woman's fault, which can further on lead to tension and cruelty on behalf of the husband and in-laws. (Saarinen & Uuksulainen 2006, 8-10, 32)

Since marriage is the purpose of women's life in India, even their education has something to do with it. In poorer families, educating girls is seen as a waste of money since they are bound to be married and become housewives. In richer families, educating the daughter to a higher extend is seen to increase her chances to get a good and well-off husband. However, too highly educated women can face the difficulty of finding a husband since it is considered better if the husband has a higher education and a better job, in case the woman is working outside the household. (Saarinen & Uuksulainen 2006, 17) Some highly educated women even stay at home after marriage since it is believed that it is more suitable thing to do. (Säävälä & Tenhunen 2007, 56)

Giving birth to sons and being married brings honour to the woman, and these factors may upraise elderly women in high and respected positions within the family. But since the woman is still property of the husband, the death of the husband brings the achieved respect of the woman down. Being widowed is seen as the woman's own fault, punishment for the bad deeds done in previous lives. Widows are considered to bring bad luck to the family and they are not wished to attend any celebrations or ceremonies and due to their bad position in family, they may end begging on the streets. In some modern families however, the widows remain as a part of the family until the end, and in case the widow is young, she can still remarry. The stigma of widows is so huge that even though they would be able to remarry, the new family is likely to treat the new wife and her children with great suspicion. Ages ago in India, there was a habit of *sati*, burning the widows alive in their husband's funeral pyre. This was seen to bring honour to the remaining family. Though this brutal practice was banned by the law in year 1829, some single cases of *sati* come to the awareness of larger populations even in modern days. (Saarinen & Uuksulainen 2006, 34-35)

Even though the status of women in Indian society does not look too bright, the steps towards the empowerment of women are taken all the time. The number of women within the local and also country wide politics has been increasing since the beginning of the year 1990. Some women in high positions are blamed only to represent the ideation of the men in their families, but this does not apply to all women in power. In many states and local communities there are self-help groups, committees and organisations formed by women to discuss how their situation could be improved and how to find solutions to arguments within their community. In the rural area some improvement can be seen even though the changes are not very radical. For example husband and wife still have their traditional roles in the family but their daughters have better chances of going to school. In the higher social classes the possibility for women to work, earn some money of their own and to become more independent, has increased too. The political activism of today's women in India brings fulfilment to their lives and hopefully better chances for their daughters in the future. (Säävälä & Tenhunen 2007, 100-106)

2.3. Challenges of mental health care in India

In the recent history of mental health care in India, major leaps were taken in the 1950-1970, when mental hospitals and general hospital psychiatric units were built. At the same time, many centres were also set up from the initiates of the families which were involved in care of a mentally ill person. Another leap in Indian mental health care was joining the mental health services as part to general health care (Murthy 2004, 64). Despite these improvements, there is still much to do in order to reach all the people who need help. Several studies conducted in community settings have come to the conclusion that one third of all the patients with a chronic mental illness in India remain untreated. (Aynkran, John, Padmavati & Thara 2008)

The prevalence of mental disorders in India has been tried to solve by making different kind of researches about the topic. Based on various studies, a median is drawn suggesting that 65/1000 people are suffering some level of mental or behavioural disorder, and women are 20-25% more susceptible for mental disorders than men. (Girish, Gururaj & Isaac, 228) These rates can be compared to the number of people which are educated to work in mental health field and the number of psychiatric beds provided; there are approximately 10,000 professionals for one billion population, and 30,000 psychiatric beds for over one billion population. Also the government is giving only 17% of the total health expenditure to the public sector (Murthy 2004, 64).

One study discussed the outcomes of closing down a mental health centre, and by side product, this study provided knowledge about the challenges that the mental health care in India faces. When a community cuts down a proper mental health centre, then mental health services are combined with the primary health care. In smaller communities this can bring major problems for the patients, for example the primary health centre may only have a one doctor who meets about 100 patients per day, so there remains very little time for patients with mental health problems which would require longer time to discuss with the doctor about their situation. The medications which are used for

treating mental disorders are usually rather expensive, and take a lot of money from the budget of a small health centre. (Aynkran et al. 2008)

For this reason, buying these medications for the health centre supply can be cut down, which results in trouble for those community members in need of them. Lack of educated health care personnel and money raise many problems, and the small number of professionals result is low level of knowledge about mental disorders among patients and their families. When there is not enough information about the chronic illness, the patient is sometimes considered to be cured when the symptoms first subside and then when the symptoms come out again, the worthiness of the medical treatment can be questioned by the family. (Aynkran et al. 2008)

In Indian culture, the family is expected to take care of its ill member and provide a safe and protective environment, no matter what the illness would be. Deviation of this manner is discouraged. (Carey et al. 2003, 332) This can be seen as the bright side of the mental health care in India, since the family ensures in most cases the continuity of medical care (Aynkran et al. 2008). According to Murthy (2004, 65) the use of family support in mental health care could also be a useful topic for further research in order to improve the care. Other improvement suggestions include developing the mental health services in a manner that they become available and accessible to all the people. Also creating structures which would promote long-term mental health research and distribution of mental health information would be beneficial for all Indians (Murthy 2004, 64).

3. METHODS OF LITERATURE REVIEW

3.1. Systematic literature review

This bachelor's thesis uses the method of systematic literature review to find an answer to the research question that is set. This chapter is written in order to describe what is meant by systematic literature review, what its purpose is and why it is useful in health and social care.

Systematic literature review is an independent study, and its purpose is to gather information about particular topic based on already existing research articles (Johansson 2007, 46). In other words, it provides a summary of the already existing material written from a particular topic. Important thing in systematic literature review is that the process of finding and choosing the research articles is well described. People reading the review ought to be able to repeat the search with the instructions of the initial author of the review if they want to (Aveyard 2007, 6, 16, 20). For this reason, it is good to form a clear research strategy how to proceed with the systematic literature review once it has started (Johansson 2007, 47).

The core of the systematic literature review is the research question or questions, and the goal is to find an answer to them (Johansson 2007, 47). Inclusion and exclusion criteria are formed to limit the number of research articles which are chosen to be used in the review (Aveyard 2007, 12). Reliability is also matter to be considered, every step of the way which brings the researcher closer to finding an answer for the research question ought to be written down. A review that is poorly written and describes the process inadequately is useless for the reader (Johansson 2007, 46). All possible and reliable sources of information should be gone through when searching for good articles, and the researcher should not just pick those articles which please him/her the most and only support the possible existing hypotheses. All the research articles

fulfilling the inclusion criteria should be taken as a part of the review and if not, reasons for exclusion ought to be explained (Aveyard 2007, 12).

The process of doing a systematic literature review is long and sometimes tiring, and for that reason, it is recommended to do this kind of a study in a co-operation of at least two people. Changing ideas about the topic can provide many useful points of view for the review to turn better (Johansson 2007, 46, 55).

Systematic literature reviews have turned out to be a good source of information within health -and social care. People working in these fields should know about the new researches done related to their work, but reading many different articles is very time consuming and sometimes confusing, if two almost similar researches give reverse results. A well-written systemic review enables the reader to view one piece of research within the context of other researches and so helps to see the complete picture concerning the reviewed topic. (Aveyard 2007 6, 8-9).

3.2. Methods of review

The initial idea was to find ten articles discussing different parts of India and factors affecting mental health from as many different aspects as possible in order to answer the research question well. The process of finding these articles was harder than expected; many articles were written concerning the mental well-being of Indian women but only few were able to answer the research question satisfactory. The process of finding these selected articles is described here in detail to give picture about how it was done in a manner that the search for them can be repeated if needed.

The search for the articles took place between February and April 2009. The articles were searched from three databases, PubMed, Academic Search Elite (Ebsco host) and Your Journals @ Ovid, through the library web pages of the school. These databases were chosen because they had been proven to be easy to use in the past, and they

provide cost free full-text articles; a factor which was also considered to beneficial. The language of the articles was English, and it was also the only language that the searches were made with.

Inclusion criteria for the accepted research articles were:

1. The sample of the women participating in the research consists from adult (>18 years) Indian women living in India.
2. The research articles were published in a scientific journal between the years 2000-2009.

Exclusion criteria for the research articles were:

1. Study focuses specifically on adolescent girls and/or elderly women in India.
2. Research discusses Indian female migrants outside of India.

In order to start finding research articles which would fulfil the inclusion and exclusion criteria and also broadly give an answer to the research question, combinations of search terms were used. The mere term of "India" gave thousands of hits in every database, so other search terms were required to squeeze that number into smaller. Since the topic of this literature review were Indian women and factors affecting their mental health, the terms "India" and "women" were often put together and then some additional word was added to that to bring the potential research articles. "India" and "women" were combined with terms such as "mental health", "mental disorder", "depression" and "stress". Also terms that can have affect on one's mental health and so bring suitable articles, like "alcohol", "violence" and "hunger" was used together with "India" and "women". Sometimes the term "women" was left out if "India" was combined with a term which was likely to be associated with women; terms like these were "prostitution" and "maternal". Despite few exceptions, there was some association to females in every search. Appendixes I, II and III at the end of this review show the search terms used and also how many hits each combination has had in every used database.

All together the search terms brought several interesting headings, but only 27 of them seemed like the type that could have been read further. Within these 27 promising headings, 24 articles provided an abstract which was then read. As a result of this, nine research articles were excluded. Five out of these nine articles discussed domestic or intimate partner violence as it self or in a relation with some physical condition that the women were experiencing e.g. illness or pregnancy.

These articles did not reveal the situation from the aspect of mental health; factors causing violence and their effect to the current physical condition were only discussed. One out of these five was excluded since a similar study with a larger sample was later accepted to the literature review. From the remaining four excluded articles, one discussed about how changes in family and work affect on mental health, but the sample was small and the study was otherwise narrow too. Another study discussed the gender and age of onset of schizophrenia without telling anything else in the study and one research was about the harms of postnatal depression on the baby's point of view. Both of them were excluded from the review, as well as the last one which, despite the very promising heading, did not discuss about the caste, gender and economic inequalities in a manner that would have contributed this review well enough.

Since nine research articles were excluded and three did not have an abstract to read, there remained 18 full-text articles to be read. Five of them were not real research articles but articles for newspapers or magazines, they were excluded. Another five articles were taken out for different reasons. The first two discussed about the sexual coercion experienced by mentally ill women, the focus was on the prevalence and conditions in which this had happened and not on how the coercion itself affected the mental health of these women. The second pair of articles was excluded because they both took place in Goa, which was a setting for various studies which were found. The other Goa article discussed about postnatal depression and since there already was one research available about this topic which was done in another city, this one was excluded. The remaining one talked about depressive disorders, anaemia, and reproductive tract infection, and since there were studies similar to this topic and from

Goa too, this one was excluded. The last one from the left out five discussed post-traumatic stress disorder after a violent political event. The study focused on only this one time occasion and also highlighted the prevalence of symptoms in these women. Since it did not clearly answer to the research question, it was excluded.

Based on these inclusion and exclusion criteria, only eight research articles from the fully read 18 were found to answer the research question and were accepted to this literature review. When the search was on process, PubMed turned out to be the best source of suitable articles, then followed by Academic Search Elite (Ebsco host) and then at last Your Journals @ Ovid. Out of the eight articles chosen, seven of them were found from PubMed and the one remaining from Academic Search Elite (Ebsco host). The articles found from Your Journals @ Ovid were mostly repetition of the articles found from the two other databases.

3.3. Analysis of the material

In this chapter the eight studies accepted for the literature review are shortly discussed from different point of views. The methods used in the researches are presented, and information about the women who participated in these studies is given. But before going that far, two exceptions were made in fulfilling the inclusion criteria and in order this review to be professional; these exceptions ought to be explained first.

Despite the fact that one inclusion criteria was that the research samples consisted only of adult (>18 years old) women, two articles fail to fill this criteria. The first study that does not match with inclusion criteria is a study about domestic violence and its mental health correlates in women. This study answers the research question so well that the fact that the age limits for this study were 15-49 years, has to be ignored. Looking from the cultural perspective, it is not uncommon to be married at the age of 15 in India, so the presence of this particular study in the review is justified. The other exception made concerned a study which focused on describing the mental stressors for people living in

a slum with respect to gender. This sample consisted of six focus groups and the participants for two of them were adolescents. Since this study brings valuable point of views to the literature review, and since even the existing material for this review was difficult to find, this study is as well accepted.

To continue with the inclusion criteria; the articles accepted ought to be relatively new. The oldest one was published in the year 2002 and the latest was published in year 2007. Table 1 shows how many articles were published and in which year.

Table 1.

Year of publication	2002	2003	2005	2006	2007
Number of researches	1	1	2	2	2

Three of these research articles were published in The British Journal of Psychiatry, and the others were published in Archives of General Psychiatry, BMJ, BMJ Public Health, Journal of Affective Disorders and in Anthropology & Medicine, one research article in each.

Interviews, scales, physical examinations and questions about physical health were used in these researches to gain knowledge and material for the studies. Interviews were used as a method of research in all the articles, in six of the studies, interviews were done one-on-one and in the remaining two studies, group discussions were used. Six of the researches used also different kinds of scales and schedules. The most commonly used scale, mentioned in four different articles, was Revised Clinical Interview Schedule. This is used to measure and diagnose common mental disorders in community and primary care settings. The second most popular scale was Scale for Assessment of Somatic Symptoms, this was used in three researches and its purpose is to assess the somatic symptoms associated with depression and somatisation disorders. World Health Organization's Disability Assessment Schedule, used in two researches, is used for measuring the physical disabilities that can hinder day-to-day life. One of the remaining

scales, The Self Report Questionnaire was used in a study focused of domestic violence. The rest, Index of Spouse Abuse, Sexual Experience Scale, Beck's Depression Inventory, Satisfaction with Life Scale and Post-traumatic Symptom Checklist were used in research concerning intimate partner violence and sexual coercion among pregnant women.

Four studies gathered information about the physical health of the women. Three studies were interested in the past pregnancies, infertility experiences and contraceptive methods used by the women. The study examining pregnant women wanted logically know about the current pregnancy the women were having. Research done about risk factors for common mental health disorders was interested in whether the women had experienced abnormal gynaecological symptoms. The women of the sample for this research and for one other study were provided a gynaecological exam, and their height, weight and blood pressure was measured as well. As for biological samples, haemoglobin was measured through a blood sample in three researches and vaginal or urinal specimen was gathered in two studies to find out the prevalence of possible reproductive tract infections.

To look into more specifically the researches, to list the places where the studies have been conducted and also what the samples were, Table 2 shows these points in short. It also discusses briefly about the purpose and results of the study.

Table 2.

Authors	*Sample and place of research*	*Main objectives of the research*	*Main results of the research*
Barros P., Datta J., Fernandes J., Kirkwood B.R., Mabey D., Pai R., Patel V., Pednekar S., Pereira B., Weiss H.	2494 women, aged 18-45 years. Goa.	To determine the association of factors indicative of gender disadvantage and reproductive health with the risk of common mental disorders in women.	Gender disadvantage, gynaecological complaints and severe economical difficulties were risk factors for common mental illnesses.
Abraham S., Chandran M.,	359 women. Tamil Nadu.	To determine incidence of and risk	Risk factors include low income, problems

Muliyil J., Tharyan P.		factors for developing post-partum depression.	with relatives, sex of the baby, lack of physical help and adverse life events during pregnancy.
Ahuja R.C., Jeyaseelan L., Kumar S., Suresh S.	9938 women, aged 15-49 years. New Delhi, Lucknow, Bhopal, Nagpur, Chennai, Trivandrum and Vellore	To determine the association between domestic violence and poor mental health.	Women who were exposed to domestic violence where at increased risk of poor mental health.

Table 2 (continued).

Kirkwood B.R., Mabey D., Patel V., Pednekar S., Weiss H.	2494 women, aged 18-50 years. Goa.	To detect the risk factors for common mental health disorders in women.	Risk factors were poverty, being married as compared with being single, using tobacco, having abnormal vaginal discharge, having chronic physical illness and having higher psychological symptom scores at baseline.
Fernandes J., Parkar S.R., Weiss M.G.	Six focus groups consisting of women, men and adolescents. Mumbai.	To examine the afflictions of living in a slum affecting the mental well-being of men and women with respect to gender.	Living in slum makes the mental health of men and women vulnerable, but in different means. Various gender –and stressor-specific forms of tension are common.
Fernandes J., Kirkwood B., Mabey D., Patel V., Pednekar S., Pereira B., Upadhye M., Weiss H.	2494 women, aged 18-45 years. Goa.	To describe the prevalence and risk factors of chronic fatigue in a developing country.	12,1% complained of chronic fatigue. Risk factors included advanced age, socioeconomic deprivation, gender disadvantage and poor mental health.
Arole R., Herrman H., Kermode M., Patel V., Premkumar R., White J.	32 women, aged 25-64 years. Maharashtra.	To describe concepts and beliefs of mental health and illness among women involved with a primary health care project, identify	Cultural and socio-economic factors understood to have an effect on mental health and illness, also violence, poverty and conflicts with in-laws

		perceived mental health problems and their causes in the community and reveal potential responding strategies in the community. Also to investigate the impact of the PHC program on individual and community factors associated with mental health.	were seen to decrease mental well-being. Links between empowerment of women through income generation and education, reduction of discrimination and promoting individual and community mental health were recognized.

Table 2 (continued).

Carey M.P., Chandra S.P., Thomas T., Varma D.	203 women, aged 18-49 years. Bangalore.	To assess the prevalence of intimate partner violence during pregnancy and its relationship with mental health outcomes.	Physical abuse was reported by 14% of women, half of them experienced violence when pregnant. Depression, somatic and PTSD symptoms were higher on those who experience abuse.

Sociodemographic data, level of education of the women and also the aspects of mental issues should be briefly discussed to get a better idea about the women participating in the researches. Starting with the sociodemographic factors, religion was asked in three studies and majority of the participants were Hindus as was expected. Four studies described the most of their participants to be homemakers in contrast to employed or studying women. Being employed was mentioned in four studies, two of them were set at Goa, and both of them show that on fifth of the women were working. Study done in Tamil Nadu says that only 9% of the women were employed, and the last study, which took place in seven different places shows that one third of the women living rural areas were employed in contrast to that about 22% women who worked in urban slums of urban non-slums.

Two studies both made in Goa show that 14,3% of the women participating in the researches were unable to read and write. Another study which gathered its sample from seven different places says that 40% of the women in rural area and 32% of women living in urban slum are unable to read and write. Higher level of education was however more common to women living in urban non-slums, and 31% of the women were well educated. To go back to one of the studies made in Goa, it shows there that 40% of the women had received 1-9 years of education and another 40% had 10-14 years of education. In Bangalore 76% of women had received primary of high school education, 13% had no formal education and 10% had gone to college.

The aspects of discussing mental health problems in the studies varied, some of them were focused on finding the prevalence and risk factors for some specific mental disorder where as some looked at the concept of mental more broadly. Three studies took this view of looking at mental health without specifying to any certain disorder, and the term “poor mental health” based on the own perceptions of the women and not to any diagnosis of mental health professionals. The specific disorders which wanted to be detected in the remaining studies were common mental disorders (depressive and anxiety disorders), post-partum depression, chronic fatigue, post-traumatic stress disorder and depression. The last two were studied together within one research and the common mental disorders covered two separate researches.

4. RESULTS OF THE REVIEW

Now that the methods and background of the women participating in the studies are adequately described, it is time to move on to the purpose of this literature review; to the results which are to explain what are the factors that affect negatively to the mental health of Indian women. A long list of factors associated with poor mental health in general and certain disorders were found when reading the researches thoroughly. Certain factors were mentioned often, some only once. Many of the factors are in one way or another linked to each other. However, five major categories were established since they were seen to cover the most important and most frequently mentioned factors affecting the mental health of the women participating in these studies. The five categories include:

1. Gender disadvantage
2. Financial difficulties
3. Experiencing violence
4. Problems within the family and lack of social support
5. Alcohol use of the husband

In order to observe all the factors in more detail and to explain them more thoroughly, gender disadvantage is a good point to start with. Gender disadvantage can be seen as the factors which hinder women from doing something just because they women. Among these eight studies, one mentioned gender disadvantage directly with the words “gender disadvantage”. In this study, factors of gender disadvantage which are associated with risk of common mental disorder were sexual violence by the husband, being widowed or separated, having low autonomy and decision making and having low levels of support from one’s family. In four other studies the gender disadvantage of women is mentioned more indirectly in the association of poor mental health.

Such factors mentioned were giving birth to daughter when a son was desired, being widowed or divorced, being infertile, being married compared being single and lacking the freedom to move around. The first three factors can be linked to the decreased social status of a woman and the two remaining indicate lack of autonomy.

The second point of the list includes financial difficulties, and they were mentioned independently to be factors for poor mental health in four different studies. However, also the remaining four studies mentioned low income, and e.g. living in rural or urban slum compared to living in urban non-slum area to increase the risk of poor mental health, these factors did not though rise above from the other factors relevant to the study but they still exist.

Experiencing domestic or sexual violence was mentioned in five studies as a factor leading to mental problems. In two other studies violence was mentioned as a part of gender disadvantage. Sexual and domestic violence was mostly committed by the husband in these studies; however one study mentioned married women also experiencing violence by the in-laws and single women experiencing violence by their parents. In this category of experiencing violence, there can also be added two things apart from spousal violence. A study discussing domestic violence and its mental health correlates also proved that women who have experienced harsh physical punishment as a child or likewise witnessed their father beating their mother were in risk of having poor mental health.

Three studies showed that problems with family members, those being woman's own parents or husband's family, and lack of social support have to do with the increased risk of poor mental health. These factors were having little support from the family when e.g. facing problem a problem or being ill, lacking physical help at home soon after a baby is born and having poor relationship with own parents, husband or in-laws. One study, not among these three mentioned above, also stated that having a lot of social support is a factor that protects from mental problems. Another study had mentioned lack of social support as being part of gender disadvantage.

Then to discuss the last point detected; alcohol abuse of the husband. All the eight studies mentioned that concerns of husband's alcohol use increases the risk of mental trouble. Only three studies however raised it as one of the key issues affecting well-being of the women. Alcohol abuse itself can cause worry to the wife, but it also increases the other existing problems. Alcohol abuse leads to further financial difficulties which again lead to arguments at home; it also increases the risk for domestic violence.

These five categories formed can be seen to cover the most important factors affecting the mental health of the women negatively. However, there are many things that could fall into more than just one category, e.g. a major issue such as gender disadvantage can be looked a from various angles which then determine what are the factors in women's life that should be listed under it. All the independent factors leading to poor mental health were not described within those five categories, some of them did not seem to be related to any of the categories and some of them were difficult to define. Those left-over factors were mostly mentioned only once, despite the gynaecological problems which were found in two studies. Other remaining factors included female employment, polygamy and infidelity of the husband, inter-religious and inter-caste marriages, adverse life experience during pregnancy, having high results in revised interview symptom scores and somatoform symptom scores, having low body mass index, being elderly, smoking cigarettes or chewing tobacco and having poor crops or suffering from drought.

5. RELIABILITY

Reliability of the literature review has greatly to do whether the articles chosen were good and accurately done. Though the articles chosen seem to be very reliable and professional, some problems can be seen with certain cultural factors and language. Despite the small number of research articles chosen for this literature review, good things suggesting reliability within this review can also be seen.

One study among this literature review pointed out the practice of *pathibakhti* which means devotion to husband. Within that certain study the researches wondered how reliable the answers about marital relationships were, especially since one woman kept of repeating "I won't criticise my husband" often. Due to this *pathibakhti* some women may not reveal the true state of marital relationship, how difficult or unhappy that in real life would be (Abraham, Chandran, Muliyil & Tharyan 2002, 503). This loyalty to the husband could have been more present within group discussions than on one-on-one interviews. It is almost impossible to estimate whether the women participating these researches have made their marital relationships to look better than they really are, but in case that really has happened often, it can be seen as a factor diminishing the reliability of this literature review.

India is a country of various different languages which also resulted in seven studies out of eight mentioning that they used one or more local languages when doing these studies. English was sometimes used in the research process also, but in some cases it was only used to translate the results from the local language. Within one study which used English and Marathi language, the researchers had to extensively discuss about how to translate the terms such as "mental illness" and "depression" from English to Marathi so that it would be understood in a same manner in both languages. (Arole et al. 2007) Since many languages were used together, some relevant issues may have been lost in translation.

Despite the fact that the number of researches in this literature review was little, positive is that finding the result for research question was not too difficult since many of the articles suggested same kind of answers and highlighted similar problems. The results found can also be seen reliable to answer that which factors affect the mental health of the women in India today, since all the researches were quite new.

6. LIMITATIONS

Limitations for this literature review can be found from the language, broadness of the topic, author's inexperience about the country of the review and number of research articles.

When it comes to language, two limitations can be seen clearly. First of all the searches for finding the articles used in this review were made in English. Maybe more articles could have found if searches would have repeated in Finnish too. Lack of language skills also excludes the research articles which have been made in Hindi, the other major language in India in addition to English, assumingly there could have been some relevant articles published in India in that language too.

The topic chosen for the literature review is very broad, as is the country in which it focused on. Mental health is a combination of many factors related e.g. to physical health, environmental, socioeconomic and even political factors. Within this bachelor's thesis the factors affecting women's mental health had to discuss all factors rather superficially otherwise there would have never been end in describing how one factor affects another. Only eight studies were found to match the inclusion criteria of this study, and three of those studies took place in the state of Goa. This gives the small state big say in this study, and it would have been better if the few studies used for this review were all from different states.

India as a country or as a culture was not very familiar to the author. The information gathered about different aspects of the country does not come from too many references, and for that reason something relevant could have been easily left out. This bachelor's thesis is done very much from the outsider's perspective, and would no doubt be different if it was written by an Indian. On the other hand, the author does not have any emotional limitations to reveal any unpleasant truths since she is not connected to the target county by any means.

This literature review produced information about the current day with its new research articles. However the number of articles found was so small that the limitations for publishing date could have been wider or even left out completely in order to find more articles that could then cover more states or cities in India with the studies.

7. DISCUSSION

This literature review answered the question "what are the factors affecting negatively to the mental health of the Indian women?" by forming five categories under which most of the independent risk factors for mental health problems were gathered from the eight research articles chosen. These five main factors associated to poor mental health were:

6. Gender disadvantage
7. Financial difficulties
8. Experiencing violence
9. Problems within the family and lack of social support
10. Alcohol use of the husband

When asking about gender disadvantage from the women participating in the researches, three studies from eight placed violence, social support and concerns about husband's alcohol abuse under the broader category of gender disadvantage. If that model would have been followed, the results of this literature review would have plainly consisted from two factors; being woman and being poor. These three factors, experiencing violence, having problems within the family and lack of social support and alcohol use of the husband were mentioned separately because they were not put together in most of the studies, but were independent factors for decreased mental health.

One of the studies used in these review describes well how one problem is linked to another. This study took place in a Mumbai slum and interviewed both men and women. Violence and poverty decrease the quality of life of all the people, despite the gender. Women are likely to experience violence at home, men on the interpersonal conflicts and in gang fights of slums. (Fernandes et al. 2003, 298-302)

Violence in the slums can be a result of poverty induced practical difficulties like where to leave the garbage, get water or rights to use toilets. When groups of people quarrel about these things long enough, tension rises and fights break. Not only are the financial difficulties related to violence in the lives of men living in slums, but the lack of motivation and feelings of helplessness following can result in substance abuse. Men in this study admitted alcohol and substance abuse being on of the major problems, and women agreed that having an alcoholic husband brings a lot of negative feelings. Alcoholism of the husband usually increases the financial crises of the family and sets extra pressure to the wife to earn a living in addition for being a homemaker. And to make vicious circle of poverty, violence and alcohol complete; men experiencing economic insecurity are likely to beat their wives. (Fernandes et al. 2003, 298-302)

The chapter above does not only indicate that problems causes for poor mental health are connected to each other, but it also shows that both men and women have the same sources of trouble. In order to get better chances in life, not only the women have to stop being so submissive and passive about their fates, but also the men have to start respecting women more. This would hopefully reduce the amount of domestic –and sexual violence, and the harassment from the in-laws. Decreasing of poverty in India, or in all of the world for that matter, is such an enormous topic to discuss that this study does not even start to list the changes what need to be made in this world to reduce poverty. However, one small improvement suggestion exists; in India women have the equal right for inheriting the deceased relative. However, in many states the women get only the dowry as they marry, but nothing when the parents die. Making it possible for women to have their own money would result greatly in their autonomy. (Saarinen & Uuksulainen 2006, 10) When small things like that are noticed and then put to action, hopefully they together can relieve the situation.

By reading the discussion above, it can be understood that knowing the factors leading into a difficult situation is only the first step of improving it. In the future, more in-depth analysis could be made about the factors causing poor mental health for Indian

men. Study like that could be used in combination with this one, in order to give a view about the Indian mental health situation in total.
Another topic for further research about India concerns the relationships between mothers –and daughters-in-law and their outcomes in long run. It would be interesting to know do the young women treated cruelly by their mother-in-law turn out to be like their mothers-in-law in the future when facing their the new wife of their son, or do these mistreated women treat their new relatives better than other mothers-in-law. Also studies similar to this could be done about some other poor countries in order to analyse how much the culture and how much the poverty have to do with poor mental health.

This study provided a model on how mental health issues of third world countries can be discussed by using a method of systematic literature review. Even though forming the result for the research question was not too difficult, more in-depth views for this matter could have been revealed if this study was done as a pair work. Being the first systemic literature review written by the author, this study was evolving all the time as the process went further. Good side of it was that the writing this work was most of the time intriguing, but negative was that sometimes the changes that would have made this work better were discovered too late. For example the number of research questions could have easily been more than one, which would have turned the analysis of the topic more profound. Also doing more research about the Indian culture and mental health care in the country could have backed up the review better.

8. CONCLUSION

This bachelor's thesis chose the method of systematic literature review to find out the factors affecting negatively to the mental health of Indian women. Gender disadvantage and poverty were the main indicators of poor mental health, and violence, lack of social support and problems with relatives as well as the alcohol use of the husband turned out to bring negative health outcomes as well. These results were based on the eight studies which were chosen as a material for this literature review.

The amount of studies suitable for this review was very small, especially when recent information about the topic was searched for. This can be viewed from both positive and negative aspect; positive aspect being that doing this bachelor thesis about this particular topic gave it some true purpose, since there was not that much recent material about it. The author got a feeling of discovering something "new" from the process of doing this review, which at time to time was difficult to do. And then there is the negative aspect of this matter, which of course weighs significantly more when looking at the bigger picture. This negative aspect is that the small amount of material found about this topic indicates that important matter like this is not researched by the professionals very thoroughly. When going through the authors of these articles chosen, the same names pop up often. So research articles are written, but this topic of mental health of Indian women seems to be interesting only small amount of specialists.

The factors indicating poor mental health were seemed to be linked with each other in one way or another. Explaining the connections between them more thoroughly, and finding solutions how to improve the situation would not be solved by using only the knowledge of mental health nurses or other mental health professionals. It would require more in-depth knowledge also in matters such as sociology and politics. Mental health problems in the third world countries are very drastic examples of how multidimensional matter mental health can be.

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Appendix I

Database: PubMed

Limitations of the search: free full-text articles, publication date 2000/01/01-present, advanced search

Search terms	Number of hits
India	17042
India, mental health	329
India, women	5750
India, women, mental health	118
India, gender, mental health	15
India, mental illness	426
India, women, mental illness	215
India, women, self-harm	1
India, suicide	38
India, prostitution	21
India, depression	122
India, anxiety	62
India, stress	533
India, women, stress	128
India, violence	54
India, women, abuse	75
India, women, alcohol	155
India, women, tobacco	114
India, women, drugs	335
India, women, illegal drugs	0
India, women, substance abuse	48
India, women, risk factor	672
India, women, HIV	288
India, women, PTSD	4
India, women, eating disorder	2
India, women, victimization	1
India, women, psychosis	11

India, mental, urban	20
India, mental, rural	21
India, women, mental disorder	211
India, women, mental health	118
India, maternal	306
India, women, slum	59
India, women, hunger	5
India, women, dowry	23
India, women, coercion	7
India, women, mutilation	2
India, women, caste	63
India, women, burning	11
India, women, economic	188

Appendix II

Database: Academic Search Elite (EBSCO host)
Limitations of the search: full-text, publication date 2000-2009, publication type: all, document type: all, advanced search

Search terms	Number of hits
India	22908
India, mental health	201
India, women	1175
India, women, mental health	21
India, gender, mental health	5
India, mental illness	39
India, women, mental illness	7
India, women, self-harm	0
India, suicide	67
India, prostitution	26
India, depression	74
India, anxiety	53
India, stress	370
India, women, stress	15
India, violence	310
India, women, abuse	39
India, women, alcohol	13
India, women, tobacco	12
India, women, drugs	53
India, women, illegal drugs	0
India, women, substance abuse	6
India, women, risk factor	33
India, women, HIV	58
India, women, PTSD	2
India, women, eating disorder	0

India, women, victimization	1
India, women, psychosis	3
India, mental, urban	12
India, mental, rural	23
India, women, mental disorder	4
India, women, mental health	21
India, maternal	89
India, women, slum	11
India, women, hunger	2
India, women, dowry	13
India, women, coercion	2
India, women, mutilation	0
India, women, caste	28
India, women, burning	7
India, women, economic	94

Appendix III

Database: Your Journals @ Ovid

Limitations of the search: full text, publication date 2000-current, multi-field search

AND between the search words

Search terms	Number of hits
India	1396
India, mental health	3332
India, women	547
India, women, mental health	227
India, gender, mental health	168
India, mental illness	198
India, women, mental illness	106
India, women, self-harm	28
India, suicide	167
India, prostitution	10
India, depression	388
India, anxiety	297
India, stress	309
India, women, stress	189
India, violence	147
India, women, abuse	137
India, women, alcohol	155
India, women, tobacco	155
India, women, drugs	158
India, women, illegal drugs	1
India, women, substance abuse	71
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